



PATIENT

Sydney Weiner

SPECIES

Feline

BREED

Ragdoll

SEX

Spayed Female

AGE

11.9 Years

WEIGHT

10.5

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Kristen Carpenter

HOSPITAL NAME

Pennridge Animal
Hospital

REFERRING VET

Dr. Jen Heller

INVOICE

73027

DATE

2/17/26

PRESENTING CLINICAL SIGNS

Patient was sedated with butorphanol. Hx of significant recent 2 lb weight loss and hyporexia noted by owner. NSF on PE but bloodwork showed elevated liver enzymes. Patient was started on empiric abx therapy and outpatient medical mgt (amoxi/clav, cerenia, hepatoprotectants). Recheck after 2 weeks of antibiotics - weight remains stable, appetite continues to be reduced, no real improvement with liver enzymes elevations. Here for rads and AUS as next diagnostic step. Current diet - Purina wet food

Abnormal PE/Chem/CBC/UA Results: Previous Diagnostics - Bloodwork 1/19/26: CBC WNL. Chem: ALT 306 (27-158), AST 114 (16-67), ALP 156 (12-59), tbili 1.3 (0-0.3), CPK normal. T4 2.4. - Liver chem 2/9/26: ALT 328 (12-130), ALP 181 (14-111). tbili 0.8 (0-0.9) - Thoracic Rads 2/17/26: NSF, no metastatic disease

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

Urinary bladder is adequately distended. It has a normal uniform wall thickness. Contents include primarily anechoic fluid with occasional echogenic non-shadowing debris, most consistent with incidental suspended lipid in a cat, possibly combined with exfoliated cells, mucous and/or small blood clots. Both sterile inflammation as well as urinary tract infection can also present with echogenic debris. No masses or definitive cystoliths are observed. The trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal is size (3.75 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal is size (3.97 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is normal in size (0.32 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

The left adrenal gland is normal in size (0.34 cm), shape and overall architecture, echogenicity and echotexture. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.



PATIENT

Sydney Weiner

The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. The neck of the gallbladder/cystic duct appears mildly dilated. This may represent normal patient variant, even a bilobed gallbladder versus a pathologic change.

SPECIES

Feline

The visible stomach wall is normal in thickness and layering. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

BREED

Ragdoll

The visible small intestine demonstrates areas of moderately thick muscularis layer relative to mucosa (disruption of the normal 1:3 muscularis:mucosa ratio). Small intestinal submucosa is slightly irregular, thick and hyperechoic, without evident loss of layering appreciated. The lumen of the small intestine is empty with no evidence of obstruction or foreign material.

SEX

Spayed Female

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

AGE

11.9 Years

Pancreas

The pancreas that is observed appears appropriately isoechoic to surrounding omental fat. Visible capsule is smooth and normal in contour. Visible pancreatic parenchyma is homogenous and unremarkable. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

WEIGHT

10.5

Free Abdomen

There is no visible free peritoneal effusion noted in these images.

INTERPRETED BY

Beth Johnson, DVM
DACVIM

There is subtly enhanced hyperechoic fat and mild lymphadenopathy adjacent to the ileocecolic junction.

IMAGING PERFORMED BY

Dr. Kristen Carpenter

ULTRASONOGRAPHIC FINDINGS

- Moderate inflammatory bowel disease (IBD) pattern – Thick muscularis has been reported with infiltrative bowel disease including both benign inflammatory disease as well as infiltrative neoplasia such as lymphoma. No loss of layering or distinct characteristics of malignancy are present. Therefore, differentials cannot be further ranked without tissue sampling.
- Very mild reactive mesenteric lymph nodes – infiltrative neoplastic disease cannot be ruled out but is considered less likely.
- Mild to moderate amount of echogenic urinary bladder debris.
- Chronic low-grade smoldering cholangitis/cholangiohepatitis can't be ruled out.

HOSPITAL NAME

Pennridge Animal
Hospital

REFERRING VET

Dr. Jen Heller

INVOICE

73027

DATE

2/17/26

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

Bile acids are recommended if patient's total bilirubin remains not increased.

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

Fine needle aspirates of the liver could be considered if patient's coagulation status is appropriate.



PATIENT

Sydney Weiner

SPECIES

Feline

BREED

Ragdoll

SEX

Spayed Female

AGE

11.9 Years

WEIGHT

10.5

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Kristen Carpenter

HOSPITAL NAME

Pennridge Animal Hospital

REFERRING VET

Dr. Jen Heller

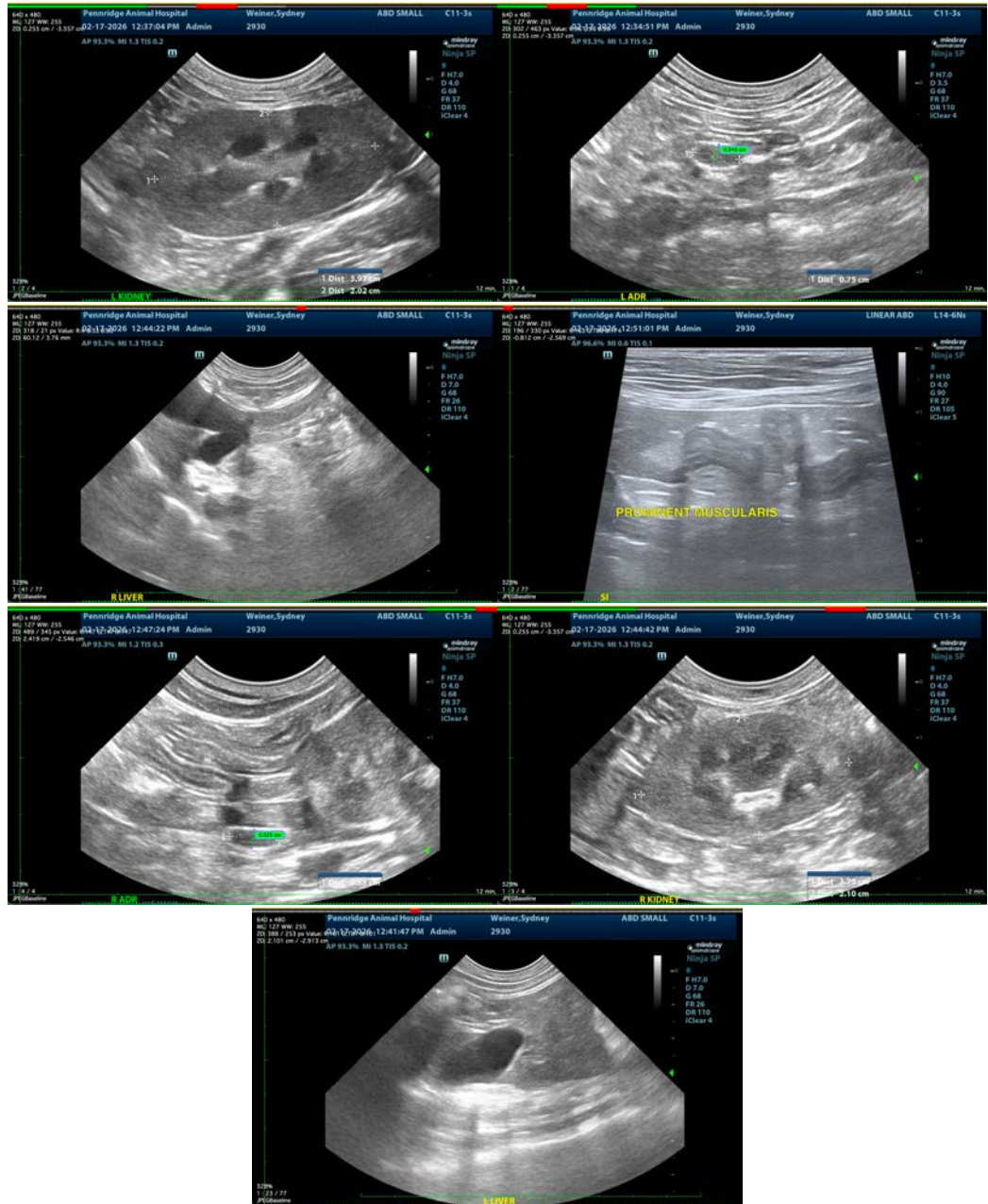
INVOICE

73027

DATE

2/17/26

Other than supportive/symptomatic medical management of clinical signs, further diagnostic and treatment recommendations are largely dependent on results of the above.





PATIENT

Sydney Weiner

SPECIES

Feline

BREED

Ragdoll

SEX

Spayed Female

AGE

11.9 Years

WEIGHT

10.5

INTERPRETED BY

Beth Johnson, DVM
DACVIM

IMAGING PERFORMED BY

Dr. Kristen Carpenter

HOSPITAL NAME

Pennridge Animal
Hospital

REFERRING VET

Dr. Jen Heller

INVOICE

73027

DATE

2/17/26

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Beth Johnson, DVM, DACVIM
info@sonopath.com